COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL030352 US

As a below named inventor, I h	ereby declare that:						
My residence, post office address and citizenship are as stated next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
the specification of which (chec	ck only one item below):						
is attached hereto.							
was filed as United States a	application						
Serial No							
on							
and was amended							
on							
W							
X was filed as PCT internation	nai application						
Number PCT/IB2004/050357		And the American Control of the Cont					
on30 March 2004		·					
and was amended under PCT.	Article 19						
on			(if applicable).				
							
I hereby state that I have review claims, as amended by any am		nts of the above-identified specificati	ion, including the				
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with							
Title 37, Code of Federal Regulations, § 1.56(a).							
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United							
States of America listed below	and have identified below any	foreign application(s) for patent or in	nventor's certificate or				
any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:							
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:							
COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY				
	, . , 2,0, . , , , , , , , , , , , , , , , ,	DAY, MONTH, YEAR	CLAIMED UNDER 35 USC 119				
Europe	03100879.0	2 April 2003	YES				
	<u> </u>	DEBARTMENT OF COMMERCE BALL					

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Combined Declaration For Patent Application and Power of Attorney (Continued)	Attorneys Docket Number
(includes Reference to PCT International Applications)	PHNL030352 US
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosect	ute this application and transact
all business in the Patent and Trademark Office connected therewith. (List name and registration number)	

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

	FULL NAME OF INVENTOR	FAMILY NAME GIESBERS	FIRST GIVEN NAME Jacobus	SECOND GIVEN NAME Bernardus
201	RESIDENCE & CITY CITIZENSHIP Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME BEENHAKKERS	FIRST GIVEN NAME Monique	SECOND GIVEN NAME Johanna
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME RIJPERT	FIRST GIVEN NAME Cornelis	Johannus Hermanus Antonius
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	The Netherlanids
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME GELINCK	FIRST GIVEN NAME Gerwin	SECOND GIVEN NAME Hermanus
204	RESIDENCE & CITIZENSHIP	CITY Eindhoven	The Netherlands	The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME TOUWSLAGER	FIRST GIVEN NAME Fredericus	SECOND GIVEN NAME Johannes
205	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE-OF INVENTOR 203
DATE 28 October 2004	DATE	DATE 28 October 2004
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DATE	DATE	

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL030352 US

As a below named inventor	r, I hereby declare that:		
My residence, post office a	ddress and citizenship are as st	ated next to my name.	
I believe I am the original, I plural names are listed belo entitled:	irst and sole inventor (if only one ow) of the subject matter which is	e name is listed below) or an origin s claimed and for which a patent is	al, first and joint inventor (if sought on the invention
the specification of which (check only one item below):		
is attached hereto.			
☐ was filed as United State	es application		
Serial No			
on			
and was amended			
on			
X was filed as PCT interna			
Number PCT/IB2004/05035	7		
on 30 March 2004			
and was amended under Po	CT Article 19		
on			(if applicable).
			(dppeds.e).
I hereby state that I have re	viewed and understand the contamendment referred to above.	ents of the above-identified specific	cation, including the
1 A			Caraltan t
Title 37, Code of Federal Re	egulations, § 1.56(a).	erial to the examination of this appl	ication in accordance with
I hereby claim foreign priorit	y benefits under Title 35, United	States Code, § 119 of any foreign	application(s) for patent
or inventor's certificate or of	any PCT international application	on(s) designating at least one coun y foreign application(s) for patent o	try other than the United
any PCT international applic	cation(s) designating at least one	country other than the United Stat	tes of America filed by me
		f the application(s) of which priority	
PRIOR FOREIGN/PCT APP	LICATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 11	19:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03100879.0	2 April 2003	YES

Comi	bined Declaration	n For Patent Applic	ation and	Power of Attorney (Continu	ed)	Attorneys Docket Number PHNL030352 US
POW all bus	ER OF ATTORNE siness in the Patent	Y: As a named inventor and Trademark Office of	, I hereby a onnected th	appoint the following attomey(s) and erewith. (List name and registration	l/or agent(s) to p number)	prosecute this application and transact
Micha	E. Haken, Reg. ael E. Marion, R ard M. Blocker, f					hone Calls to: elephone number) 0222
	FULL NAME OF INVENTOR	GIESBERS		FIRST GIVEN NAME Jacobus		SECOND GIVEN NAME Bernardus
201	RESIDENCE & CITIZENSHIP			STATE OR FOREIGN CO The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDR Prof. Holstlaa		5656 AA Eindho	ven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME BEENHAKKEI	RS	FIRST GIVEN NAME Monique	INTO V	SECOND GIVEN NAME Johanna COUNTRY OF CITIZENSHIP
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven		The Netherlands	STATE OR FOREIGN COUNTRY The Netherlands	The Netherlands STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	POST OFFICE ADDR Prof. Holstlaa		5656 AA Eindho	ven	The Netherlands SECOND GIVEN NAME
	FULL NAME OF INVENTOR	CITY Eindhoven POST OFFICE ADDRESS Prof. Holstlaan 6		FIRST GIVEN NAME Cornelis		Johannus Hermanus Antonius
203	RESIDENCE & CITIZENSHIP			STATE OR FOREIGN CO The Netherlands		The Netherlanids
	POST OFFICE ADDRESS			5656 AA Eindho	ven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME GELINCK		FIRST GIVEN NAME Gerwin STATE OR FOREIGN CO	UNITOV	SECOND GIVEN NAME Hermanus COUNTRY OF CITIZENSHIP
204	RESIDENCE & CITIZENSHIP	Eindhoven		The Netherlands		The Netherlands STATE & ZIP CODE/COUNTRY
ADDRESS P		Prof. Holstlaan 6		5656 AA Eindho	ven	The Netherlands SECOND GIVEN NAME
205	FULL NAME OF INVENTOR RESIDENCE &	FAMILY NAME TOUWSLAGER CITY Eindhoven POST OFFICE ADDRESS		FIRST GIVEN NAME Fredericus STATE OR FOREIGN CO	UNTRY	Johannes COUNTRY OF CITIZENSHIP
205	CITIZENSHIP			The Netherlands		The Netherlands STATE & ZIP CODE/COUNTRY
ADDRESS Prof. Holstlaan 6		5656 AA Eindho	ven	The Netherlands		
true: a mpris	and further that these	e statements were made der section 1001 if Title	with the kr	nowledge that willful false statement	s and the like so	information and belief are believed to be o made are punishable by fine or ents may jeopardize the validity of the
SIGNA	ATURE OF INVENT	OR 201	SIGNATU	JRE OF INVENTOR 202	SIGNA	ATURE OF INVENTOR 203
DATE			DATE	20 October 2004	DATE	

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

29 October 2004

SIGNATURE OF INVENTOR 204

29 October 2004

DATE

10/551309

JCO9 Rec'd PCT/PTO PTESSES (DEGS) 2005

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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STATEMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics N.V.
Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently
Entitled: METHOD OF MANUFACTURING A FLEXIBLE ELECTRONIC DEVICE AND FLEXIBLE DEVICE
Koninklijke Philips Electronics N.V. , a corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1.
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is% in the patent application/patent identified above by virtue of either:
A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
OR
B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
From: The document was recorded in the United States Patent and Trademark Office at Reel Reel , or for which a copy thereof is attached.
2. From:To:
The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
From:To:To:The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
[] Additional documents in the chain of title are listed on a supplemental sheet.
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. Daniel J Piotrowski, Reg. 42,079
Date Typed or printed name
(914) 333-9624 Telephone number Signature
Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/80 (11-04)
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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
Practitioners associated with the Customer Number: 24737							
OR	}		L				
_ L P_	ractitioner(s) nam	ned below (if more than ten patent	practitioners are to be	ramed, then a cus	stomer number must be us	sed):	
		Name	Registration Number		Name	Registration	
h			Number			Number	
				 		 	
 						† 	
-						 	
F						 	
as attorr	ev(s) or agent(s)	to represent the undersigned befo	re the United States P	atent and Tradem	ark Office (USPTO) in cor	prection with	
any and	all patent applica	tions assigned <u>only</u> to the undersign cordance with 37 CFR 3.73(b).	ned according to the U	JSPTO assignmen	nt records or assignment	iocuments	
Please o	hange the corres	pondence address for the applicat	ion identified in the atta	iched statement u	nder 37 CFR 3.73(b) to:		
		•					
X	The address as	sociated with Customer Number:	2473	7			
OR			<u> </u>				
	im or ndividual Name			· · · · · ·			
Address							
City State Zip							
·							
Country							
Teleph	one	·-		Fax	, ,		
Assignee Name and Address:							
KONINKLIJKE PHILIPS ELECTRONICS N.V.							
Groenewoudseweg l							
5621 BA Eindhoven, The Netherlands							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,							
and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signatur	e ///	Hale, He	war		Date 14 Janua	ry 2005	
Name	Michae			·	Telephone (914)	333-9637	
Title	Author	ized Representat	ive				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.